

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

**[Following information to be populated automatically from pre-audit questionnaire]**

<b>Name of facility:</b>	Boonville Correctional Center		
<b>Physical address:</b>	1216 E. Morgan St. Boonville, MO 65233		
<b>Date report submitted:</b>	December 30, 2014		
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<b>Date of facility visit:</b>	December 2-4, 2014		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number:</b>	(660) 882-6521		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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<b>Agency Information</b>			
<b>Name of agency:</b>	Missouri Department of Corrections		
<b>Governing authority or parent agency: (if applicable)</b>	Missouri Department of Corrections		
<b>Physical address:</b>	2729 Plaza Drive, P.O. Box 236 Jefferson City, MO 65102		
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<b>Agency Chief Executive Officer</b>			

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<b>Agency-Wide PREA Coordinator</b>		
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## AUDIT FINDINGS

### NARRATIVE:

The site visit for the PREA Audit of the Boonville Correctional Center was conducted on December 2-4, 2014. The audit team consisted of the Audit Chair-Joe Martin, KDOC/DOJ Certified PREA Auditor with two support staff consisting of DeEdra Hart, KDOC/ Deputy Warden, and Scott Jordan, KDOC/Deputy Warden. During the Pre-audit phase, the team reviewed the standards and completed much of the file review prior to the site visit.

During the three day on-site portion of the audit, the team completed any necessary file review follow-up, toured the institution and conducted formal staff and inmate interviews. The team interviewed 18 inmates, including 11 random inmates (with representation from each of the housing units), 2 inmates who reported sexual abuse, 2 inmates who disclosed sexual victimization during risk screening, and 3 inmates identified as gay or bi-sexual. Boonville Correctional Center reported no inmates identified as disabled or limited English proficient and no inmates housed in segregation for risk of sexual victimization. In addition, the team interviewed 38 staff, including 28 specialized staff, 10 random Correctional Officers (representing all shifts and various posts), the Warden and the facilities PREA Compliance Manager. The interview questions used for the Deputy Director and MDOC PREA Coordinator were from a previous audit in Missouri that occurred in October 2014. The interviews covered PREA training, first responder duties, how to report, to whom to report, filing reports, conducting interviews, evidence collection, monitoring retaliation and reviewing incidents of sexual abuse.

An entrance meeting was held at the beginning of our visit with the following persons in attendance: Warden Jeff Norman, PREA Coordinator Vevia Sturm, Deputy Warden/PREA Site-Coordinator Eileen Ramey, Assistant Warden Justin Page, Deputy Warden of Operations Rebecca Ehlers and Administrative Office Support Staff Mary Bestle.

There were 1346 inmates assigned to the facility on the date of the audit which is the facilities max capacity. Following the entrance meeting, the team toured the facility from 8:15 am to 1:00 pm., Central Standard Time. In the past 12 months from November 2013 to September 2014, BCC reported there were 10 sexual abuse/harassment allegation cases, which after thorough investigations resulted in 1 Substantiated, 4 Unsubstantiated and 4 Unfounded with 1 pending.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Boonville Correctional Center is a minimum, Custody Level 1, state prison with a maximum capacity of 1346 male offenders. It's population ranges from 18-80 with an average age of 36. BCC has 31 buildings inside the secure perimeter and 6,700 linear feet with a double row of razor wire on top of a 14 foot high chain link fence. BCC is divided into 4 quadrants to include, maintenance, administration, recreation and lower hill housing.

Programs offered to the inmate population at BCC include Anger Management, Story Link, Pathways to Change, AA/NA, Inside Out Dads, Alternatives to Violence, Puppies 4 Parole, Impact of Crime on Victims, Restorative Justice Activities, Purpose Driven Life and Celebrate Recovery.

## **SUMMARY OF AUDIT FINDINGS:**

A exit interview was held on December 4, 2014 to brief the Executive Staff of the team's findings.

The team found that staff and inmates had a good general awareness of PREA and rights encompassed. They were aware of reporting duties, protecting victims of alleged sexual abuse and/or sexual harassment and thoroughly investigating all claims of such. It was observed by the team that some of the housing unit bathrooms provided inadequate privacy for inmates to perform bodily functions or shower without staff of the opposite gender observing. This problem was immediately addressed by the Executive staff at Boonville and privacy partitions were placed in the bathrooms while the team was on-site.

Each standard below will have additional comments/recommendations from the team member assigned to that standard for consideration.

Number of standards exceeded:	0
Number of standards met:	42
Number of standards not met:	0
Not Applicable:	1

### **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy D1 8.13 clearly outlines this standard. There is an agency-wide PREA coordinator who oversees all facility efforts to comply with PREA standards and Boonville has a PREA Compliance Manager.

### **§115.12 - Contracting with other entities for the confinement of inmates**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency complies with this standard as it recently released RFP's for bid that includes the entity's obligation to adopt and comply with PREA standards and details the agency's monitoring of such. Documentation was provided that demonstrated the agency monitoring contracted facilities.

### **§115.13 – Supervision and Monitoring**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility complies with this standard as they provided documentation showing all components were considered in their staffing plan. In addition, the facility has very good video monitoring which provides coverage throughout the facility to include housing units and blind spots. The facility has outlined minimum number of staff required for each shift and it is noted they have not deviated from that number.

Policy SOP D1-8.13 requires intermediate to higher level supervisors to make unannounced rounds and there was good documentation of practice.

### **§115.14 – Youthful Inmates**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Not Applicable - They do not house youth inmates at this facility.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility does not conduct cross-gender strip searches or visual body cavity searches except in exigent circumstances and then it would be documented detailing why the search occurred. BCC had no cross gender strip searches.

Policy SOP D1-8.13 specifically details that inmates are allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their genitalia or buttocks. The team found in housing units 5, 9, and 10 that there were showers and/or toilets that did not provide enough privacy for inmates. The Executive staff accepted this inadequacy and immediately begin work to correct the problem. Curtains and partitions were placed in these problem areas to correct privacy concerns while still allowing for security observations while the team was on-site therefore bringing them into compliance.

### **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Inmates with disabilities and limited English vocabulary have equal access to PREA information and this was supported by documentation that the facility provides (PREA pamphlets in several languages, transcripts of education videos, braille) and available translator services who would come to the facility if needed as outlined in provided contract services.

In addition, inmate interpreters are not used in allegations of sexual abuse/sexual harassment.

### **§115.17 – Hiring and Promotion Decisions**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

It was found during Pre-Audit documentation review that the agency had a policy in place stating that sustained allegations of sexual abuse and harassment would be considered for promotion or other appointments. (D-2.2). A Directive was issued by the agencies Human Resource Director Jennifer Zamkus to all Human Resources staff that prohibited the consideration of staff who had found to be the perpetrator in substantiated allegations of sexual abuse therefore bringing the facility into compliance while the team was on-site.

The facility performed criminal backgrounds checks for all staff and contractors as demonstrated with logs provided and corroboration was given from their Human Resources staff. Checks are done annually by birth month.

Applications ask applicants specifically if they have ever engaged in sexual abuse in a confinement facility, been convicted of engaging in sexual activity by force, overt or implied threats of force or coercion or if the victim was unable to consent and if they have been civilly or administratively adjudicated for such. Any yes to these questions prohibits hiring.

### **§115.18 – Upgrades to Facilities and Technology**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility has not made a substantial expansion to existing structure or video monitoring system since August 20, 2012 however policy SOP D4-4.8 is in place outlining consideration of the responsibility to protect inmates from sexual abuse.

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy D1 8.8 outlines the uniform evidence protocol to be used for obtaining usable physical evidence for Administrative and Criminal investigations. The facility offers victims of sexual abuse access to Forensic Medication exams at the University of Missouri hospital at no cost to the victim. It is noted the UM hospital has SANE's employed.

The agency provided documentation of their efforts to secure services from rape crisis centers although no agreement could be reached. The facilities Chaplain serves in the role of victim advocate as is consistent with the agency for each facility. Documentation provided showed the chaplain had received training that was sufficient in this role.

There were no occurrences reported by Boonville of forensic medical exams being done as no incidents occurred warranting such.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy SOP D1 8.13 outlines for investigations to be completed for all allegations of sexual abuse and sexual harassment. In addition, the Inspector General's office conducts investigations for potential criminal behavior and referrals for prosecution when applicable.

### **§115.31 – Employee Training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The training curriculum for all employees covers all required components and is tailored to the gender of the inmates at BCC. All current employees receive this training in Basic Academy and every two years through in-service. In the off-year, every employee is provided updated PREA policies.

Documentation was provided to show that all employees had received training in basic academy and bi-annual training and acknowledgment forms showing they understood what they received.

Although BCC meets the requirement of the standard, consideration should be given to provide annually the current on-line class or a face to face class that covers the current PREA curriculum.

### **§115.32– Volunteer and Contractor Training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All volunteers and contractors receive appropriate training. Interviews with volunteers supported they had received training and documentation is maintained of such.

### **§115.33 – Inmate Education**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Inmates receive PREA information upon arrival at BCC. PREA information is given as well as a PREA video is shown to all inmates. Posters were visible during the tour and documentation was provided showing acknowledgment forms signed by inmates indicating they had received such. In the last 12 months BCC reported 2,108 inmates had received PREA education. Education includes the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions. BCC provides such education to inmates who are limited English proficient and for those who are deaf, visually impaired or otherwise disabled.

### **§115.34 – Specialized Training: Investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All PREA Investigators (OIG) that conduct sexual abuse investigations at BCC have received specialized training. In addition, their Administrative staff who may conduct sexual harassment investigations has received the specialized training. Documentation was provided of such training and the curriculum was reviewed and meets the standard components.



### **§115.35 – Specialized training: Medical and mental health care**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All full and part-time medical and mental health staff have received training as outlined in the components of this standard. Training Curriculum was reviewed and all sections are incorporated. Documentation was reviewed and showed staff attendance with signatures verifying such. Documentation was also provided showing they had received training in accordance with standard 115.31.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency policies (SOP5-2.3 & D1-8.13) clearly outline the requirements of this standard. The policy requires that the offender shall be assessed during intake within 72 hours of arrival and upon each transfer to a different facility. BCC has completed assessments on all existing inmates in the facility and each inmate that arrives at the facility is assessed within the required time frame. The screening tool that BCC is using meets the requirements of the standard. The tool that was developed is an objective screening instrument. A copy of that tool was provided.

### **§115.42 – Use of Screening Information**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

BCC provided documentation of housing assignments which indicate that "Alpha" (high risk abuser) and "Sigma" (high risk victim) inmates are not housed together. Jobs are assigned in a manner that "Alpha" and "Sigma" inmates are not working together unless closely supervised.

BCC provided a note in the electronic PREA files stating that there had been no transgendered or intersex inmates housed at BCC during the audit period. IS/SOP 5-3.1 requires that a Transgender/Intersex Committee review the inmate's classification status on a case by case basis. These reviews will be conducted every six (6) months. The reviews include: placement

and programming, inmate's own views and establishing showering guidelines so that it will be separate from other inmates.

### **§115.43 – Protective Custody**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

BCC provided a note stating during the past year there had been two (2) inmates determined to be at risk of sexual victimization housed at BCC who were placed in involuntary segregation awaiting completion of an assessment for appropriate placement. An inmate is placed in involuntary segregation only until an alternative means of separation can be arranged for the inmate. Inmates may be placed in segregation during the course of an investigation. The policy SOP D1-8.13 and the Directive for Segregated Housing for Protective Custody outlines the temporary assignment should only be used if the assessment for the least restrictive housing cannot be completed immediately, the assessment must be completed within 24 hours. At no time are inmates that are placed in administrative segregation denied access to programs, privileges, and education and work opportunities if available. Any denial of access to programs, privileges, education and work must be noted on the classification hearing sheet. The policy and directive also state that if an inmate who is high risk for victimization is placed in temporary administrative segregation confinement (TASC) for safety, the shift supervisor must note on the TASC order "PREA risk". The TASC assignment shall not last more than 30 days without a review.

It would be recommended to BCC to ensure that anytime an inmate is housed in administrative segregation (due to being assessed as high risk for sexual victimization) there is documentation (possibly on detention order) stating that there were no alternative to separate the inmate from likely abusers and the action was necessary to protect the alleged victim.

In addition, it was found by the team on-site that BCC's policy SOP/IS 5-3.1 (Offender Housing Assignments) contained language that directed if a transgender inmate was received at the facility that they would be placed in Segregation pending the institution's transgender committee's decision that would be decided within (10) working days. This was addressed by the facility and they have revised their policy to remove such language. It is recommended by the team that further revisions are needed for this policy to include language distinguishing that high-risk transgender or intersex inmates indicated by risk assessments are completed within 72 hours and placement decided then in accordance with standard 115.42.

### **§115.51 – Inmate Reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

During the site visit, and interviews it is clear BCC has done a great job at providing the inmates multiple ways to report sexual abuse and sexual harassment. The agency has both internal and external methods for inmate reporting. This information is visible for both inmates and staff. It was clear by the interviews of both inmates and staff there is a clear understanding and knowledge of how to report and where to find that information.

It would be recommended that BCC educate both staff and inmates on the difference between the posters that provide numbers for reporting and the flyer that is posted for victim advocate services. Both staff and inmates were very aware of the two different poster/flyers; however they were not exactly certain of the different services each one provided.

### **§115.52 – Exhaustion of Administrative Remedies**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency policy (D5-3.2) outlines the processing of grievances which allege sexual abuse. BCC reported four (4) PREA related grievances in the last 12 months which were all resolved within the initial time frame of 90 days after being filed and was not necessary to utilize the 70 day extension. Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution. Policy dictates that emergency grievances are responded to within the required time frame. The policy also allows for disciplinary action to be taken on an inmate who has filed a grievance related to alleged sexual abuse and the allegation was determined to be unfounded.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

According to policy (D1-8.13), BCC currently provide the inmates with access to a qualified staff victim advocate. It was found during the onsite visit that the Chaplain was trained as the qualified staff victim advocate and the appropriate training documents were provided as proof. The agency has attempted to enter into a MOU with the True North. However, they were

unable to come to an agreement due to funder requirements and financial restrictions. Flyers were posted around the facility. Victim Advocate services are provided by Just Detention International and Rape, Abuse and Incest National Network (RAINN). The toll free telephone hot-line numbers and mailing address are posted throughout the facility to inform inmates of this contact information. At the bottom of each flyer it clearly states the issue of confidentiality.

After conducting the inmate interviews they knew about the flyer, however were not clear on the difference of the reporting numbers and the victim advocate number. It was clear to the inmates that all the phone calls they made regarding PREA incidents were confidential.

It would be recommended that BCC clarify the difference between the reporting hotline numbers the victim advocate number.

### **§115.54 – Third-Party Reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency receives reports from third-parties through the toll-free hotline and the mailing address posted on the agency website.

### **§115.61 – Staff and Agency Reporting Duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.13) addressed this standard. The selection of staff members that were interviewed were aware of their obligation to report incidents related to sexual harassment and sexual abuse and all stated that they would do so. They also were aware of the importance of confidentiality regarding any type of incident that is reported. The agency has a Coordinated Response to Offender Sexual Abuse protocol in place and provided a copy.

### **§115.62 – Agency Protection Duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has a policy that outlines the staff responsibility in protecting inmates that have a substantial risk of imminent sexual abuse. The facility had no documented occurrences in the past 12 months. A review of the interviews with facility staff clearly show that each understands their responsibility as presented in this standard.

### **§115.63 – Reporting to Other Confinement Facilities**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has a policy (D1-8.13) in place that addresses this standard with all sections of the standard covered in the body of the policy. The facility provided documentation through a memorandum that there has been no instance of the facility receiving, from an inmate, a PREA allegation involving another facility.

### **§115.64 – Staff First Responder Duties**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.13) and Post Orders have all of the components in section (a) which is also applicable to non-security staff as noted in section (b). It was found during the interview process that staff at BCC who are first responders did have an understanding of what action to take when responding to a PREA report in order to protect the victim and preserve evidence. Security staff also had an understanding of what actions to take if they are the first to respond to an incident.

### **§115.65 – Coordinated Response**

☐ Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility has a written plan that coordinates the actions to take in response to an incident of sexual abuse. A copy of the Coordinated Response to Offender Sexual Abuse Protocol was provided.

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Labor agreement with Missouri Corrections Officers Association effective 10/1/2014 states in Article 2 "Management Rights" that the Department of Corrections has the right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and to assign overtime.

### **§115.67 – Agency protection against retaliation**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.13) outlines that retaliation against any party involved in a complaint is strictly prohibited. It also states that the facility shall designate a staff member or department to monitor retaliation. Policy states that the assigned Function Unit Manager is responsible for monitoring inmates for retaliation and the PREA Site Coordinator is responsible for monitoring staff for retaliation. BCC reports they have not had any individual express fear of retaliation during this reporting period and there were no instances of protective measures needing to be taken due to retaliation. During the interview process, staff assigned to monitor retaliation clearly understood the policy and the requirements regarding monitoring, timeline for monitoring and the ability to extend the timeline. They also verbalized what would be reviewed when monitoring, i.e. disciplinary reports, housing assignment, program/work assignment, etc.

### **§115.68 – Post-Allegation Protective Custody**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)



BCC provided documentation regarding two (2) inmate that were placed in administrative segregation for the course of an investigation for a PREA incident. Both were placed in segregation on 3/12/14 and released upon review 3/14/14. Neither offender was assigned to programming, education, or a premium pay position during 3-12 through 3-14. This standard must meet the requirements for standard 115.43, the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse. BCC was found to have met 115.43, addressing the use of segregated housing to protect inmates at a risk of sexual abuse. Standard 115.68 is for addressing the use of segregated housing after an allegation.

The team determined through reviewing policy and through interviews that the facility met this standard however, it is recommended that BCC document it when no alternative housing is available in order to protect an alleged victim during an investigation and/or any appropriate actions thereafter. It also should be noted when there is no longer a threat to the inmate, there is no need to house the inmate in administrative segregation. Staff that were interviewed are aware of the need to consider alternatives before segregated housing is utilized post-allegation, it is recommended that BCC ensure they implement this as a practice. Alternative housing considerations should be documented, possibly in the temporary administrative segregation confinement (TASC). This could be done by simply stating the inmate (alleged victim) was placed in temporary holding cell for his own protection, pending an investigation into the incident. Also note that no other alternative means of housing were available to ensure that the inmate was safe.

### **§115.71 – Criminal and Administrative Agency Investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency policies (D1-8.1& D1-8.13) clearly outline the requirements of this standard. The policy requires investigations on all claims and sets a clear time line in which to complete. Staff members throughout the agency are trained and the interviews indicated both ability and clear understanding of the standard. Documentation is in place and also clear.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.4) is clear and states that no standard higher than a preponderance of the evidence is used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigative staff verified their knowledge of this policy.

### **§115.73 – Reporting to Inmate**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.13) covers inmate notification in detail in regards to inmate claims of sexual abuse by other inmates or staff. The sample notification form was provided and interviews of the Warden at BCC, the investigative staff and one inmate who has a claim currently under investigation indicated proper notification to inmates.

### **§115.76 – Disciplinary sanctions for staff**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Agency Policy (D1-8.13) is very clear that staff are subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policies. It is noted in policy that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In cases where sexual harassment is the main issue (and staff member has not engaged in actual sexual abuse), the nature and circumstances of the act along with staff members history and sanctions imposed for comparable offenses by other staff with like history should be considered. The agency policy clearly places the responsibility to contact law enforcement agencies of the actions of a staff member unless the activity was without a doubt non-criminal.

### **§115.77 – Corrective action for contractors and volunteers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency policy (D18.13) outlines the fact that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and that it should be reported to law enforcement. The agency also has a provision in policy to consider prohibiting further contact with inmates in the case of violating the agency sexual abuse or sexual harassment policies by



a contractor or volunteer. The facility produced a memo stating that they have had no such instances. Interview with the Warden verified his knowledge of the policy and procedure.

#### **§115.78 – Disciplinary sanctions for inmates**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

According to policy (D1-8.13), BCC and the agency are clear in the disciplinary process of inmates who have engaged in not only sexual abuse, but sex between inmates in any form is not permitted. The policy also makes it clear that an inmate may only receive disciplinary action with staff involved sexual contact if the staff member did not consent. Mental illness is considered in the sanctions. The offending inmate in sexual abuse cases is interviewed by the Mental Health department and it is considered at that point, if mandatory counseling is needed. Interviews with the Warden, Medical, and Mental Health staff resulted in the displaying of a clear knowledge of this area.

#### **§115.81 – Medical and mental health screenings; history of sexual abuse**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency and BCC have policy in place (D1-8.13 and IS-11-32) which address this standard. During the interview process with staff members from medical and mental health, the process was verified to be in place in regards to the detection of previous sexual abuse and the services offered to deal with, regardless of pre-incarceration or location of the abuse. Staff responsible for risk screening were knowledgeable of policy. Inmates interviewed based on Risk Screening verified that they had been spoken with and offered follow-up. Informed consent forms and safeguarding of information is in place

#### **§115.82 – Access to emergency medical and mental health services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.13) addressed this standard. The Agency also has a coordinated response to this in times of absence of qualified mental health and or Medical staff. Interviews with Medical and Mental health staff, first responders and inmates who had reported sexual abuse also indicate that the policy and procedure is in place and that they are aware of the guidelines and required action.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

BCC produced documentation stating that no such cases were ongoing prior to the actual audit, Agency Policy (D1-8.13) and interviews conducted with Medical and Mental Health Staff indicate a clear knowledge of the care and the ability to provide such care. One inmate who in the past had reported sexual abuse within a facility (not the Agency's) claimed he was not offered any medical or mental health care. Upon further questioning, he claimed the abuse took place when he was incarcerated in 1982 and he could not remember the details. His interview was not relevant to PREA or a reflection on the Agency. He did however, state that the Mental Health department at BCC had been meeting with him.

### **§115.86 – Sexual abuse incident reviews**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has a policy (D1-8.13) in place that addresses this standard with all sections of the standard covered in the body of the policy. BCC had a documentation issue only with section (c) regarding the input of Medical and Mental Health in reviews. This was corrected by follow up of the last review conducted and notation made that Medical and Mental Health did advise. A directive from the Warden was put into place requiring documentation of input from these departments.

### **§115.87 – Data Collection**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.13) and review of the "COIN" system indicate a clear process of Data collection and retention. Reviewed the posted annual document and found all to be compliant with the standard.

#### **§115.88 – Data Review for Corrective Action**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.13), the annual report with comparison of previous years and interviews with the PREA coordinator, PREA Compliance Manager, and the Agency Head all indicate and provide information that this standard is compliant and maintained by qualified staff.

#### **§§115.89 – Data Storage, Publication, and Destruction**

☐ Exceeds Standard (substantially exceeds requirement of standard)

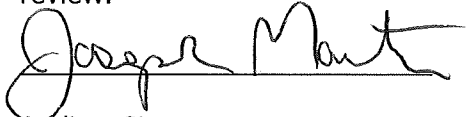
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency policy (D1-8.1) makes it clear that the data collected is securely retained. Furthermore the agency makes the data public through its website. Personal identifiers are removed and the agency has a records retention of 50yrs, which far exceeds the 10 year requirement.

#### **AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

A handwritten signature in black ink, appearing to read "Joseph Maut", written over a horizontal line.

Auditor Signature

A handwritten date "12-30-14" written in black ink over a horizontal line.

Date

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Name of facility:</b>	Jefferson City Correctional Center		
<b>Physical address:</b>	8200 No More Victims Road, Jefferson City, MO 65101		
<b>Date report submitted:</b>	October 10, 2014		
<b>Auditor Information</b>	<b>Bryan K. Henson</b>		
<b>Address:</b>	374 New Bethel Church Road, Fredonia, KY 42411		
<b>Email:</b>	bryan.henson@ky.gov		
<b>Telephone number:</b>	270 388-0241 ext. 206		
<b>Date of facility visit:</b>	September 9-11, 2014		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number:</b>	573 751-3224		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>	Kelly Morriss	<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> Kelly.Morriss@doc.mo.gov		<b>Telephone number:</b>	573 751-3224 ext 2003
<b>Agency Information</b>			
<b>Name of agency:</b>	Missouri Department of Corrections		
<b>Governing authority or parent agency: (if applicable)</b>	Missouri-Department of Corrections		
<b>Physical address:</b>	2729 Plaza Drive, P.O. Box 236 Jefferson City, MO 65102		
<b>Mailing address: (if different from above)</b>	Same		
<b>Telephone number:</b>	573 751-2389		



<b>Agency Chief Executive Officer</b>			
<b>Name:</b> George Lombardi		<b>Title:</b>	Director
<b>Email address:</b>		<b>Telephone number:</b>	573 526-6607
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Vevia Sturm		<b>Title:</b>	PREA Coordinator
<b>Email address:</b> Sturm, Vevia <Vevia.Sturm@doc.mo.gov>		<b>Telephone number:</b>	573 522-3335

## AUDIT FINDINGS

### NARRATIVE:

The site visit for the PREA Audit of the Jefferson City Correctional Center was conducted on September 9-11, 2014. The audit team consisted of the Audit Chair-Bryan Henson, KDOC/DOJ Certified PREA Auditor with two support staff consisting of Joe Martin, KDOC/DOJ Certified PREA Auditor, and Shannon Butrum, KDOC Administrative Specialist III. During the Pre-audit phase, the team reviewed the standards and completed much of the file review prior to the site visit.

During the three day on-site portion of the audit, the team completed any necessary file review follow-up, toured the institution and conducted formal staff and inmate interviews. The team interviewed 32 inmates, including 10 random inmates (with representation from each of the housing units), 6 inmates identified as gay or bisexual, 3 inmates that reported sexual abuse, 7 inmates that disclosed sexual abuse during risk screening, 5 inmates that were identified as disabled or limited English proficient, and 1 inmate that had been housed in segregation for risk of sexual victimization. In addition, the team interviewed 51 staff, including 40 specialized staff, 11 random Correctional Officers (representing all shifts and various posts), the Deputy Director of Adult Institutions, the Warden, MDOC PREA Coordinator, and the facility PREA Compliance Manager. The interviews covered PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation.

An entrance meeting was held at the beginning of our visit with the following persons in attendance: Deputy Director Division DAI Alan Earls, Warden Jay Cassady, PREA Coordinator Vevia Sturm, Deputy Warden/PREA Site-Coordinator Kelly Morriss, and Major Timothy Goebel, Chief of Custody.

There were 1969 inmates assigned to the facility on the date of the audit with a max capacity of 2052. Following the entrance meeting, the team toured the facility from 8:30 a.m. to 1:15 p.m., Central Standard Time. In the past 12 months from August 2013 to July 2014, JCCC reported there were 106 sexual abuse/harassment allegation cases, which after thorough investigations resulted in 4 Substantiated, 45 Unsubstantiated, 47 Unfounded and 8 pending cases.

### DESCRIPTION OF FACILITY CHARACTERISTICS:

The Jefferson City Correctional Center is a replacement facility for the Missouri State Penitentiary. JCCC first opened its doors to offenders and staff on September 14, 2004. This facility houses approximately 2000 offenders. Currently the facility operates with a daily offender per diem cost of \$41.84 per offender. The institution operates with a staff of 465 plus 100 volunteers in corrections. As a maximum security facility there are a total of eight housing units; the majority with a sustained population of 288 offenders per unit. The facility is divided into an A and B side by a central services building with each side consisting of four housing units. The central services building contains the following services sections: medical unit (29 bed infirmary), library, education classrooms, institution activities office, chapel, offender property room, offender canteen, clothing issue, offender barber shop, two gymnasiums, food services including three dining rooms, staff dining room, and the laundry. Additionally, the vast complex is the site for Information Technology and offenders working for the Department of Social Services.

Programs in place to help offenders prepare themselves to be productive citizens include: the High School Equivalency program which is facilitated by volunteers. The Restorative Justice program educates offenders on taking responsibility for their behavior and the impact it has on others. One method Restorative Justice utilizes to instill this change is by donating goods the offenders make. The Enhanced Care Unit (ECU) is utilized in housing unit 1 in which the elderly offenders are housed. The ECU hires offender Daily Living Assistants who assist elderly offenders with their basic everyday needs. Another quality program available to offenders who qualify is the Intensive Therapeutic Community (ITC). ITC is a drug and alcohol program that stresses a holistic approach to help revamp criminals into productive law-abiding citizens. Also the Secure Social Rehabilitation Unit (SSRU) is a program staffed by mental health professionals and corrections employees that assist mentally challenged offenders in working through their issues in order to live in a less restrictive environment.

The perimeter of the institution is protected by several high security fences which include a lethal fence. The 42 acre facility also includes an administration building which contains the administrative offices, training rooms, and the institution's control center. The control center is a multi-purpose building containing two visiting rooms and a parole hearing room.

## **SUMMARY OF AUDIT FINDINGS:**

An exit meeting was held on September 11, 2014 to brief the Executive Staff of the team's findings.

The team found the staff and inmates to have a good general awareness of what PREA was about. They were aware of reporting responsibilities, as well as safeguarding victims of sexual abuse and/or sexual harassment. There was some lack of knowledge from staff and inmate about the role of the victim advocates. Many staff and inmates confused this with a method of reporting about their responsibilities related to initial preservation of evidence. Staff and inmates in general, did not have a thorough awareness of who the victim advocate group was, what role the victim advocate group played, or how to contact them.

Each standard below will have additional individual comments/recommendations from the team member assigned to that standard for consideration.

Number of standards exceeded:	<b>0</b>
Number of standards met:	42
Number of standards not met:	0
Not Applicable:	1

### **§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Agency meets the standard with their policies and practice. D1.8.13 clearly meets this standard by outlining their zero tolerance regarding sexual abuse in confinement. The agency has a PREA Coordinator that demonstrated the authority to oversee the agencies efforts to comply with PREA and the facility has a designated PREA Compliance Manager (Site-Coordinator/Deputy Warden) that demonstrated the authority to coordinate JCCC efforts to comply with the PREA standards.

### **§115.12 - Contracting with other entities for the confinement of inmates**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Although JCCC did not have any contracts for the confinement of inmates, the agency (MDOC) had four (4) contracted community centers where the contracts had been renewed since August 2012 and the renewed contracts failed to include the entity's obligation to adopt and comply with the PREA Standards. Since the on-site visit, the rebid RFP for those contracted facilities has been submitted and does contain the language to obligate the contractors to comply with all PREA standards in accordance with 28 CFR Part 115.

### **§115.13 – Supervision and Monitoring**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



☐ Does Not Meet Standard (requires corrective action)

JCCC complies with a staffing plan that ensures safety and security is maintained. The PREA staffing and Yearly Reporting Implementation Team considered required components of section (a) of the standard to ensure adequate staffing levels, and where applicable, adequate video monitoring. The facility indicated no deviations from the staffing plan. PREA Coordinator reviews JCCC annual reports to provide required input. Policy requires Unannounced Rounds by Supervisors and prohibits staff from alerts of such rounds. The sign-in sheets for each living unit, as well as Supervisory Interviews support the policy and standard.

### **§115.14 – Youthful Inmates**

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

xx Not Applicable

This standard does not apply to JCCC as they do not house youthful offenders.

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has policy in place that prohibits facilities from conducting cross-gender strip searches except in exigent circumstances or when performed by medical practitioners. Policy is in place that outlines documentation of these searches. The facility enables inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them, and was supported by the random inmate and staff interviews. Policy is in place that restricts facilities from searching or examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Although policy does support a cross gender announcement to the population, the practice of the facility was to make the announcement from the central control (institutional-wide) daily on days and evening shift to cover all housing units. Some of the staff interviewed indicated they also made a follow-up announcement, but most indicated it was only made institutional wide. Such announcements should be made at the housing units when there is cross-gender supervision within the housing unit. Through a corrective action plan, a written directive to staff and revision to the housing post orders was provided to the audit chair demonstrating the directive has been put in place that now requires staff assigned to the housing unit, when applicable, to announce to unit population that female staff are presently working within the



unit. This announcement, when applicable, is now made (at a minimum) on each shift to include the mid-night shift.

After a review of the training curriculum for searches, it was determined that it did not cover searches of intersex inmates. Through a corrective action plan, the agency has added Intersex searches to the curriculum and in further review, the curriculum covers staff being professional and respectful in conducting searches. The facility produced a sampling of training applications reflecting that security staff have been trained after the curriculum was revised. Recommend that the agency continue to add to the search curriculum as more best practice data of all LBGTI searches becomes available.

All components of this standard are now found to be compliant.

### **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Inmates with disabilities and limited English have equal access to PREA information and this was supported by inmate interviews. Information is available in multiple formats (braille, large print, multiple languages) to provide such information. JCCC does not rely on inmate interpreters. A listing of staff interpreters was available and JCCC has a contract in place for interpretive services. All inmates interviewed understood what PREA is, reporting mechanisms and their rights.

### **§115.17 – Hiring and Promotion Decisions**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Agency policy supports the standard. JCCC does not hire or promote individuals who have engaged or been convicted of sexual abuse/assault in a confinement setting or in the community, or who have been civilly adjudicated of such an incident. Occurrences of sexual harassment are taken into consideration when determining whether or not to promote a staff member. Potential employees undergo a thorough background check. It was found that due to miscommunication from a recent new contract, that all new medical and mental health contract employees had not had background checks completed. This was conducted while on site and verification was provided. To alleviate future confusion, the HR staff would be conducting all required background checks for all staff, including contractors. Background checks are conducted annually on current employees. Potential employees are asked on the applications about any prior incidents of sexual abuse/assault with the understanding falsifying information may result in termination. The HR Director (Ms. Schanzmeyer)



indicated this would include any omission of information. Both facility and central office HR staff confirmed that upon request from another institution, information on substantiated allegations of sexual abuse and harassment involving a former employee would be provided.

### **§115.18 – Upgrades to Facilities and Technology**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

JCCC has not had any new facilities or substantial expansions or modifications of existing facilities since August 2012. Their cameras coverage is tremendous and is evaluated on regular basis to include the JCCC Annual Report. Policy requires camera assessments and positioning of all security cameras.

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

JCCC conducts administrative investigations internally. Criminal investigations are conducted by trained Investigators from the Office of Inspector General, but still within MDOC. Both using a uniform evidence protocol outlined in policy. Forensic exams are conducted off-site at University of Missouri Hospital by SANEs and provided at no cost to the victim. Victim advocates are available to inmate victims through qualified staff (trained chaplain's agency wide). An MOU was attempted with Jefferson City Rape and abuse Crisis Service but failed due to lack of funding. If requested, the trained Chaplains have an on-call list to assist victims through forensic exams and investigatory interviews.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

All allegations meeting PREA criteria are investigated, either by a facility administrative investigator or when appropriate by Office of Inspector General (OIG) for criminal allegations. Policy states OIG follows DOC procedure. The policy ensuring such investigations is published on the website. Coordinated Response Plan guide and documents Investigative referrals.

### **§115.31 – Employee Training**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The training curriculum for all employees covers all required components and is tailored to the gender of the inmates within JCCC. All current employees receive this training in basic academy and every two years through In-service. In the off year, every employee is provided the updated PREA policy for review. Documentation was provided to show that all employees have received the basic academy training and the bi-annual training and acknowledgement that they understood such training. Also documentation was provided that all employees are sent the updated PREA policy in the off year. Employees that may transfer from a facility of the opposite gender will have OJT prior to assignment to a post.

Although JCCC meets the requirement of the standard, consideration should be given to provide annually the current on-line class or a face to face class that covers the current PREA curriculum. This will provide better refresher PREA information for staff.

### **§115.32– Volunteer and Contractor Training**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

All volunteers and contractors receive appropriate training. Interviews with volunteers supported they had received training. Documentation of such training is maintained.

### **§115.33 – Inmate Education**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Inmates receive PREA information upon arrival at JCCC. PREA information as well as PREA video is provided to all inmates. It is shown on a recurring basis on the Inmate TV channel. During the past 12 months, 747 inmates received the PREA educational materials to include the video. Education is provided in formats accessible to all inmates. Posters were highly visible during the tour. Documentation was provided supporting that inmates did receive PREA education.



### **§115.34 – Specialized Training: Investigations**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

All PREA investigators (OIGs) that conduct sexual abuse investigations at JCCC have received specialized investigator training required by 115.34 as well as all employee training iaw 115.31. Facility maintains documentation of such training. The Investigator curriculum was reviewed and meets standard.

Investigations conducted for non-criminal incidents were conducted by the administrative inquiry officers (AIO). There were a limited number of AIO investigators at the facility. JCCC reported that many of these AIOs had not received the specialized training. As a recommendation, the facility should give consideration to provide this specialized training to all AIOs. The training would serve to be very beneficial to any investigator as it covers many areas that overlap for both sexual abuse and sexual harassment or other related incidents that may have similar elements.

### **§115.35 – Specialized training: Medical and mental health care**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

In addition to the regular PREA training, all full and part time medical and mental health care practitioners receive training in how to detect and assess signs of sexual abuse/harassment, how to preserve physical evidence of sexual abuse, how to respond in a professional and respectful manner and how to report incidents/suspicious. JCCC contracts all medical and mental services through Corizon. They have 56 medical and 12 mental health care staff who either works part-time or full-time; 100% of these staff have received the required training. Documentation of the training is maintained. All forensic exams are conducted by outside providers.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)



The agency policy outlines the requirements of this standard. The facility is currently using a screening tool that addresses all the required components as well as three (3) additional components. The agency policy requires that a second internal classification (the reassessment mentioned in section (f) of the standard) be completed within 30 calendar days of the offender's arrival to the facility. A review of documentation provided in the file and while on site showed that this is not occurring. Four out of seven reassessments reviewed had occurred later than 30 days after arrival. Through a corrective action plan, the facility submitted risk assessment logs over a 2-3 month period from Dec-Feb and a sampling of reassessments from that log that demonstrate that reassessments are being conducted compliant with their policy and within 30 days of the offenders arrival to the facility. Recommend that this process be monitored to ensure that compliance is maintained.

### **§115.42 – Use of Screening Information**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency makes individualized determinations for the safety of each inmate. The agency has multiple policies that support all sections of this standard as it relates to transgender and intersex offenders. JCCC reported that there had been no transgender or intersex inmates housed at JCCC during the audit period.

This standard requires the use of information that comes from the risk screening assessment from standard 115.41. Although JCCC is utilizing the required screening tool only documentation showing that the results were being utilized to inform housing decisions could be provided. There was no documentation available in the file or onsite to show that it was being utilized to inform decisions regarding work, education, and program assignments as required in section (a) of the standard. Through a corrective action plan the facility revised the classification process related to job/program assignments to consider the information from the risk screening tool. The facility provided a sampling of job/program assignment sheets over a two month period that demonstrated the revised process had been implemented, thus now compliant.

### **§115.43 – Protective Custody**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

The agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In addition, the facility has a "Segregated Housing for Protective Custody" Directive that was reviewed. JCCC has a phase system in



their segregated housing units that allows for certain programs and privileges in various phases. The facility also allows programs such as Mental Health and GED programming to continue if an inmate is placed in segregated housing.

☐ Does Not Meet Standard (requires corrective action)

### **§115.51 – Inmate Reporting**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency provides multiple ways for inmates to privately report sexual abuse as well as all components related to retaliation. Posters were located in housing units throughout the facility and the PREA brochure was reviewed in the file documentation. Offenders may report verbally to staff, via a PREA hotline, through the grievance procedures, or via written correspondence. Staff are required to accept and document such reports. The Department of Public Safety is utilized as the external method for inmates to report. Their address is provided to all inmates. There is a Memorandum of Understanding (MOU) for this agreement that was reviewed in file documentation. The agency also offers a hotline that staff can utilize to privately report sexual abuse.

### **§115.52 – Exhaustion of Administrative Remedies**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has a policy that covers and supports all aspects of this standard and examples of it in practice were reviewed on site.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility provides access to outside national victim advocates organizations, Advocacy notices with addresses, telephone numbers and monitoring information are posted throughout the facility. Inmates are provided reasonable communication in as confidential a manner as possible. Telephone calls are monitored and mail is subject to examination, but inmates are notified in advance of the extent of such monitoring.

The agency has made an attempt to enter into a Memorandum of Understanding (MOU) with a community service provider but was unable to do so due to lack of federal funding. Documentation of this attempt was reviewed in file documentation. A majority of the random inmates that were interviewed stated that they were aware that there was some form of outside services available for dealing with sexual abuse but they were uncertain as to what specific services were available.

### **§115.54 – Third-Party Reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency receives reports from third-parties through the toll-free hotline. Directions on reporting are provided on the agency website.

### **§115.61 – Staff and Agency Reporting Duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy requires staff to report as outlined in the standard. The staff members that were interviewed and asked questions regarding reporting obligations and confidentiality had knowledge of their responsibilities of reporting along with the confidentiality of information regarding sexual abuse and sexual harassment. The facility meets all required mandatory reporting and all allegations are reported to the appropriate investigator.

### **§115.62 – Agency Protection Duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency has a policy that outlines the staff responsibility in protecting inmates that have a substantial risk of imminent sexual abuse. Documentation reviewed on site demonstrated immediate action that was taken by staff to protect inmates. Facility staff interviews support that each understands their responsibility as presented in this standard.



### **§115.63 – Reporting to Other Confinement Facilities**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

File review as well as documentation reviewed on-site reflected that both agency and JCCC report to other confinement facilities as required by this standard. The policy requires that Probation and parole make these reports but does not address institutions. This should be considered at the next policy revision, but does not prevent JCCC from compliance of this standard.

### **§115.64 – Staff First Responder Duties**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency policy has all of the components in section (a) which is also applicable to non-security staff as noted in section (b). The interviews of staff that acted as first responders and the interviews of random staff revealed that staff has the knowledge on what action that needs to take place when responding to a reported PREA occurrence. The facility uses a response checklist to ensure that all components of the standard are documented. Examples were reviewed on site for both security and non-security first responders and all required steps were documented.

### **§115.65 – Coordinated Response**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility has a written plan that coordinates the actions to take in response to an incident of sexual abuse. This plan was reviewed in file documentation.

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The most recent agreement between the agency and the Missouri Corrections Officers Association was reviewed on site and all components of the standard are met.

### **§115.67 – Agency protection against retaliation**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has policy that requires protection from retaliation as outlined in this standard. The facility has designated Deputy Warden Kelly Morris as the facility employee that is charged with monitoring retaliation. During the on-site review information was also provided that the Functional Unit Managers (FUM's) also assist Deputy Warden Morris with the monitoring and report the results to DW Morris. Examples of monitoring of inmates were reviewed in the file documentation and on site, all components were documented. JCCC reported that there had been no instances of staff monitoring during the auditing period.

During staff interviews it was noted that FUM's recently tasked with assisting DW Morris with monitoring were unfamiliar with their responsibilities. Although this does not demonstrate non-compliance, the facility may want to consider providing more instructions, or even additional training to those designated to assist in this role so they better understand what their role is as a monitor for retaliation.

### **§115.68 – Post-Allegation Protective Custody**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The agency has a policy (D1-8.13 Section F) covering the requirements of this standard. It prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In addition, the facility has a "Segregated Housing for Protective Custody" Directive that was reviewed. JCCC has a phase system in their segregated housing units that allows for certain programs and privileges in various phases. The facility also allows programs such as Mental Health and GED programming to continue if an inmate is placed in



segregated housing. An example was reviewed on site and components of the standards were met, to include safety concerns and transfer recommendations.

### **§115.71 – Criminal and Administrative Agency Investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility/agency has a policy detailing criminal and administrative investigations. The review of investigations demonstrated prompt, thorough, and objective investigations including incidents that were referred for prosecution.

Investigations of incidents of sexual abuse (all criminal investigations) are conducted by the Office of the Inspector General (OIG). All OIG investigators have received specialized training required by 115.34. Administrative Inquiry Officers (AIO) investigates all non-criminal allegations within the facility. Any allegation suspected to be criminal is referred to OIG investigators. A review of a sample of investigations showed all elements required by the standard are in place.

Although not a condition for compliance, the facility may want to consider the benefits of having all (AIOs) go through the Specialized Investigator training.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy ensures preponderance of the evidence is the standard of proof in determining whether allegations of abuse or harassment are substantiated. A review of investigations supported this standard.

### **§115.73 – Reporting to Inmate**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The facility/agency has a policy that supports the standard. Documentation was provided that demonstrated JCCC provided required notifications to inmates as required by the standard.

### **§115.76 – Disciplinary sanctions for staff**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy is in place regarding staff disciplinary sanctions for violating agency sexual abuse and sexual harassment procedures. In the past 12 months, the facility reported no staff had been terminated, resigned or had violated Sexual Abuse or Harassment policies. Policy is in place to ensure actions that may be criminal are reported to the Office of Inspector General or relevant licensing bodies.

### **§115.77 – Corrective action for contractors and volunteers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy is in place regarding corrective action for contractors and volunteers for violating agency sexual abuse and sexual harassment procedures. In the past 12 months, the facility reported no contractors or volunteers had been prohibited from contact with offenders for such violations or had violated Sexual Abuse or Harassment policies. Policy is in place to ensure actions that may be criminal are reported to the Office of Inspector General or relevant licensing bodies.

### **§115.78 – Disciplinary sanctions for inmates**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

During the pre-audit and on-site phase, the facility failed to show compliance with sections (c) and (d) of this standard. In section (c) Prior to August 8, 2014 JCCC was not considering mental disabilities or illness in the disciplinary process when determining the type of sanction. The facilities Compliance Manager addressed section (c) of this standard on August 8, 2014 by submitting a written directive to applicable staff. The directive requires Adjustment Hearing Officers to send a Qualified Mental Health Professional (QMHP) a notification form requesting their input prior to the hearing on an inmate who was alleged to perpetrate in an inmate-on-inmate sexual abuse incident. The QMHP is required to document their input on the form and return it to the Hearing Officer for consideration prior to the hearing. In the last



12 months there had been 2 occurrences, neither showing this was considered before adjudicating. Since this directive there have been no occurrences of inmate-on-inmate sexual abuse.

In section (d) JCCC indicated they do offer counseling as noted in the standard and that they consider whether to require the offending inmate to participate in such counseling. However, no documentation was provided in the 2 incidents in this past 12 months that demonstrated this counseling was considered for those inmates. Also, staff interviews did not support this step had been completed for either of the 2 incidents which was noted on the Questionnaire.

Through a corrective action plan, Deputy Warden Morriss written directive ensures that staff follows the revised process and serves as corrective action. Since the on-site review, there has been one incident and it was provided with corresponding Disciplinary report showing the Disciplinary committee consideration of Mental Health input/recommendation of programming, and also provided the mental health referral/form and mental health input/recommendation, demonstrating compliance with required standard.

All components of this standard are now compliant.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

At the on-site portion of the audit, the facility failed to show compliance with section (b) of this standard. The facility/agency has a policy detailing this section however upon discussing with mental health staff and reviewing provided documentation it was revealed that follow-up services were not being offered for inmates that had previously perpetrated sexual abuse as indicated through the Risk Assessment pursuant to standard 115.41. Through a corrective action plan, the facility has revised their practice to ensure that an inmate that revealed perpetration of sexual abuse from the risk assessment is offered mental health follow-up within 14 days. The facility provided a sampling of assessments after the on-site review that revealed the offender had perpetrated sexual abuse and also documented where mental health follow-up was offered within 14 days to those offenders. The PREA Compliance Manager went on to state that at the end of all assessments, there is a blanket offer for mental health follow-up, thus demonstrating compliance.

All other components of this standard are compliant.

### **§115.82 – Access to emergency medical and mental health services**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)



The facility/agency has policy supporting this standard as well as the medical provider (Corizon) contract for the agency. Staff interviews supported the standard and the documentation provided showed very good medical services provided for inmate victims of sexual abuse and that they received them in a timely manner and at no cost to the inmates.

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

During the on-site portion of the audit, the facility failed to show compliance with section (h) of this standard. Policy (D1.8.13 Section G-Health Services Care) did support this section, but JCCC failed to demonstrate this through practice. The Questionnaire in 115.78 documentation indicated at least two occurrences of where inmate-on-inmate sexual abuse occurred which should have triggered an attempt to conduct a mental health evaluation or offer of mental health treatment for the perpetrators within 60 days of learning of such abuse history, but no documentation could be provided to demonstrate this had occurred. Through a corrective action plan, the facility provided documentation of an incident where it was discovered there was an inmate on inmate abuser (only one since on-site visit). The documentation consisted of the disciplinary report conviction showing where and when the abuse was found, and they provided the corresponding mental health referral and attempt by mental health to conduct the evaluation. Also, the facility provided documentation where they went back to the two inmates mentioned as non-compliant and attempted to conduct mental health evaluations on them as well.

All components of this standard are now found to be compliant.

### **§115.86 – Sexual abuse incident reviews**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

During the on-site portion of the audit, the facility failed to comply with section (c) of this standard. There was no documentation that input was received from medical or mental health practitioners from any of the Incident reviews (Debriefings). Through a corrective action plan, the facility revised the process for required input in their Debriefings and has provided a sampling of incident reviews (Debriefings) that demonstrated compliance with input from either medical or mental health. All components are now compliant.

### **§115.87 – Data Collection**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility/agency has the COIN System. This system captures and maintains data for all allegations of sexual abuse. The agency did provide all such data to the DOJ for the Survey of Sexual Victimization for 2013.

#### **§115.88 – Data Review for Corrective Action**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility meets this standard. The agency has policy supporting this standard. Staff interviews corroborated that data collected and aggregated is used to assess and improve the effectiveness of sexual abuse prevention, detection and responses policies, practices and training.

#### **§§115.89 – Data Storage, Publication, and Destruction**

☐ Exceeds Standard (substantially exceeds requirement of standard)

xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The facility meets this standard. The agency uses the COIN system which demonstrates measures necessary to ensure the data is securely retained. The aggregated data is made readily available to the public through its website. All personal identifiers are removed before being placed on their website. The retention schedule complies with standard.

#### **AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

\_\_\_\_\_*Bryan K. Henson*\_\_\_\_\_*Bryan K. Henson*\_\_\_\_\_March 12, 2015\_\_\_\_\_  
Auditor Signature Date



# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

Name of facility:	Western Missouri Correctional Center	
Physical Address:	609 East Pence Road Cameron, MO 64429	
Date report submitted:	10/22/14	
<b>Auditor Information:</b>	Talia Huff (Labouchardiere), Mark Mora	
Address:	Box 491 Larned, KS. 67550	
E-Mail:	tlabouchardiere@hotmail.com, mark.mora@doc.ks.gov	
Telephone number:	785-766-2002, 620-481-7273	
Date of facility visit:	9/23/14-9/25/14	
<b>Facility Information</b>		
Facility mailing address:	609 East Pence Road Cameron, MO 64429	
Telephone number:	(816)632-1390	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private not for profit	
Facility Type:	<input checked="" type="checkbox"/> Adult	
Name of PREA Compliance Manager:	Krista Helton	Title: Deputy Warden
E-Mail Address:	Krista.Helton@doc.mo.gov	Phone Number: (816)632-1390
<b>Agency Information</b>		
Name of agency:	Missouri Department of Corrections	
Governing authority or parent agency: (if applicable)	State of Missouri	
Physical address:	2728 Plaza Drive Jefferson City, MO 65109	
Mailing address: (if different from above)		
Telephone Number:	573-526-9003	
<b>Agency Chief Executive Officer</b>		
Name:	George Lombardi	Title: Director
E-Mail Address:	George.Lombardi@doc.mo.gov	Telephone Number: (573) 526-6607
<b>Agency –wide PREA Coordinator</b>		
Name:	Vevia Sturm	Title: PREA Coordinator
E-Mail Address:	Vevia.Sturm@doc.mo.gov	Telephone Number: (573) 522-1634



# AUDIT FINDINGS

## NARRATIVE:

The audit of the Western Missouri Correctional Center (WMCC) was conducted on September 23-25, 2014 by Talia Huff (Labouchardiere) and Mark A. Mora both certified auditors and one assistant in order to determine compliance with Prison Rape Elimination Act (PREA) standards.

Prior to the onsite portion of the audit, auditors provided the facility with the Auditor Notice which was posted at least 6 weeks prior to the onsite. The Pre-Audit Questionnaire along with other supporting documentation was provided to the auditors to review in advance of the onsite portion of the audit and was done so in a very organized and comprehensive manner. Correspondence between the auditors and the PREA Coordinator and PREA Compliance Manager occurred throughout the pre-audit phase, and the auditor submitted a tentative audit schedule to the facility prior to arrival.

The auditors reported to WMCC on 9/23/14 to initiate the onsite portion of the audit. An entrance meeting was conducted to introduce the audit team to the WMCC administration. Those in attendance included: Warden Ronda Pash, Assistant Warden Mark Parkhurst, Deputy Warden Krista Helton, Chief of Security John Lower, and Agency PREA Coordinator Vevia Sturm.

Following the entrance meeting was a tour of the WMCC facility. Areas toured included the living units, offender services, offender dining room, recreation areas, visiting room, industries areas, case management offices and shift supervisor areas. Informal interviews were conducted with various staff and offenders during the tour.

Offender rosters were obtained and a random sample of offenders were chosen and interviewed. Offenders understood PREA and how to report an incident of sexual abuse and harassment. Information regarding a zero tolerance policy was easily accessible to the offender population.

Interviews were conducted with the Agency PREA Coordinator, Facility PCM, Warden, Human Resources, Health Services, Shift Supervisors, Security Staff, Counselors and investigators. Staff from all three shifts were interviewed. All staff were knowledgeable of WMCC and agency policy in regards to their responsibility subsequent to a report of sexual abuse or harassment.

PREA investigation files were made accessible to the audit team to examine. Investigations are handled by investigators from the Inspector General's Office. Investigations are done promptly, thoroughly and are well documented.

PREA Standards and policies were reviewed for compliance. Questions were clarified and suggestions were made to enhance procedures. WMCC complied with all applicable standards.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Western Missouri Correctional Center is located at 609 East Pence Road in Cameron, Missouri. WMCC is an all-male medium security facility housing approximately 1975 offenders. The age range of offenders is 18-80 years of age. WMCC encompasses 26 buildings on approximately 385 acres and was established in 1988. WMCC has an assigned staff of 527 total positions. WMCC does not house youthful offenders. WMCC maintains cameras throughout the facility to enhance staff coverage.

WMCC provides programming, classification, and treatment to encourage individualized progression. WMCC provides offenders a number of detail assignments to include vocational programs. Recreational activities are available to all offenders.

The facility design allows for separation of offenders and or staff subsequent to an allegation of sexual abuse or harassment.

Number of standards exceeded: 5

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 0

<b>115.11</b>	<b>ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The agency has written policy D 1-8.13 mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It outlines prevention, detection and responding to reports and mandates more specific procedures at the facility level.</p> <p>The PREA Coordinator, Vevia Sturm, and PREA Site Coordinators, Krista Helton, stated they have sufficient time and authority to develop and oversee compliance and each facility has a designated PREA Compliance Manager. The PREA Coordinator reports directly to Matt Briesacher, Legal Counsel, and the PREA Site Coordinator (also the Deputy Warden) reports directly to the Warden, which supports sufficient authority.</p>	
<b>115.12</b>	<b>CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>MDOC contracts with 4 community confinement facilities, though, the contracts had not been entered into or renewed on or since August 20, 2012, and did not contain PREA language. Nevertheless, auditors ascertained that these contracts were being re-bid (which was said to occur the same week of this PREA audit), PREA language had been added to the contracts, and auditors were provided this revised language to review.</p> <p>The agency contract administrator draws up the contracts while the probation/parole division does the monitoring. The PREA Coordinator reported that probation/parole monitors compliance of the community confinement facilities. Every 6 months, a "residential facility audit" is completed, which contains a PREA component and is forwarded to the PREA Coordinator for review.</p>	
<b>115.13</b>	<b>SUPERVISION AND MONITORING</b>
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency policy D1-8.13 mandates that each facility maintains a staffing plan that provides for adequate staffing levels as well as an annual review of the staffing plan which includes the consultation of the PREA Coordinator. The average daily number of offenders at WMCC is 1947 and the staffing plan is predicated on a maximum base of 1958 offenders. Each required element was well documented in "The PREA Staffing and Yearly Reporting Implementation Team" report, which was provided for auditor review. Regarding deviations from the staffing plan, it states, "Deviations from those established staffing patterns is reflected within shift summary reports, custody staffing rosters, custody overtime</p>	

records and shift chronological logs. This documentation may include notation within activity logs reflecting activities that were cancelled or rescheduled to a time when adequate supervision was present.” WMCC provided documentation of justifications for deviating from the staffing plan and agency and facility policy requires this documentation.

Agency policy D1-8.13 and facility policy SOP D1-8.13 mandates unannounced rounds by supervisory staff. This is achieved through post orders for custody supervisory staff. “Additionally, chief administrative officers ensure all staff post orders include a general order prohibiting staff from alerting other staff members that supervisory rounds are occurring, unless such announcement is related to legitimate operational functions of the facility.” These rounds are documented on the staff sign-in logs, which auditors reviewed throughout the facility.

Auditors felt like WMCC exceeded this standard due to the creation of the Implementation Team and “The PREA Staffing and Yearly Implementation Team” report as well as the thoroughness of the documentation provided, both in quantity and quality.

#### **115.14 YOUTHFUL INMATES**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 prohibits the placement of youthful offenders in a housing unit in which they would have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters. WMCC, however, does not house youthful offenders.

In assessing the compliance at the agency level, auditors noted that State of Missouri regulation, Chapter 217 Department of Corrections Section 217.345, prohibits the placement of youthful offenders with adult offenders and requires physical separation and separate housing units. Institutional Services Procedure Manual, IS5-1.1 Diagnostic Center Reception and Orientation, outlines the procedure for notification, transportation, and housing of youthful offenders in the event one is admitted. Institutional Services Procedure Manual, IS5-3.1 Offender Housing Assignments, states, “youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made).”

#### **115.15 LIMITS TO CROSS GENDER VIEWING AND SEARCHES**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Agency policy addresses 115.15(a), (d), (e), and (f), while (b) is N/A. Institutional Services Procedure Manual, IS20-1.3 (Draft) mandates male offender pat searches to be conducted by same gender staff when multiple officers are present and cross gender pat searches of female offenders only under exigent circumstances. In the event a cross gender pat search of a female offender occurs, a cross gender search form and report is submitted to the PREA Site Coordinator for review to ensure that

exigent circumstances did in fact warrant the search. Cross gender strip searches are allowed only under exigent circumstances. The Procedure Manual outlines the procedures for strip searches and cross gender strip searches, which mandates the use of a cross gender strip search form and report to be submitted to the PREA Site Coordinator for review also. The PREA Site Coordinator documents their review of the cross gender searches on the Cross Gender Search Review form, which accounts for whether the circumstances were determined to be exigent. If exigent circumstances were not present, the Cross Gender Search Review form prompts a referral for investigation and an account of corrective action taken. Zero (0) cross gender searches occurred during the reporting period.

Wooden privacy barriers built, by the offenders, further enable privacy for offenders when using the toilet and/or changing clothing. This was an innovative and cost effective way to increase offender privacy when the physical plant of the facility would not have otherwise allowed.

Agency policy D1-8.13 and WMCC policy SOP D1-8.13 mandates the announcing of opposite gender staff upon entering the living unit, as "Attention a female is in the living area". These announcements are documented on the Chronological Log in the "bubble" of each unit. Auditors reviewed logs and both staff and offender interviews corroborated the opposite gender announcements.

Auditors reviewed the "Searches" training, in which cross gender pat searches are covered in the lesson plan and by video as well. The lesson plan indicates that the MDOC standard [for searching transgender offenders] is: Transgendered individuals should be frisk/pat searched according to the criteria of the location where they are housed (e.g. adhere to male procedure if located at a male facility/male housing area; adhere to the female procedure if housed at a female facility/female housing area. Newer draft curriculum further specifies that, "Policy IS20-1.3 states that when pat searching a transgender male offender, male staff will utilize the female search technique when searching the offender's upper torso. If the gender of the offender is unknown, a female staff member will be assigned to perform the pat search."

Thorough policy language and documentation, along with the creation of the wooden privacy barriers, was evidence of WMCC exceeding the standard.

<b>115.16</b>	<b>INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT</b>
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|--|
| <input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)<br><input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)<br><input type="checkbox"/> Does Not Meet Standard (requires corrective action) |
|--|

**Auditor comments, including corrective actions needed if does not meet standard**

MDOC has established procedures, in policy D1-8.13, for disabled and limited English proficient offenders to benefit from all aspects of their PREA efforts. Furthermore, WMCC SOP D1-8.13 specifies that offender/staff interpreters are only to be used in exigent circumstances and only until an outside interpreter can be arranged. PREA brochures and acknowledgement forms are available in nine languages, posters are available in English and Spanish, the NIC Speaking Up video is used along with its written transcripts. The brochure is available in Braille for blind offenders and WMCC has an-SOP D5-5.1 Deaf and Hard of Hearing offenders --which outlines where to seek such services and is also posted throughout the facility. Auditors reviewed a statewide contract for interpretive services including sign language and many services for the deaf as well as many others for other language interpretation services. Specifically for WMCC, documentation and an invoice for the use of services of Bridge

Interpreting, Inc. was provided and described services as being for “Interpretive services for a PREA assessment to be completed”.

Auditors noted Spanish and English signs posted throughout the facility. Auditors interviewed a hard of hearing offender as well as a limited English proficient offender, who both indicated that they received and understood the facility’s policies and rules against sexual abuse and sexual harassment.

The avenues that WMCC has secured to ensure that disabled and limited English proficient offenders have equal opportunity to benefit from all aspects of their PREA efforts is impressive and beyond that required in the standards.

<b>115.17</b>	<b>HIRING AND PROMOTION DECISIONS</b>
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- |  |
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| <input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)   |
| <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) |
| <input type="checkbox"/> Does Not Meet Standard (requires corrective action)   |

**Auditor comments, including corrective actions needed if does not meet standard**

MDOC policy D1-8.13 as well as facility policy SOP D1-8.13 prohibits the hiring or promoting of anyone that has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse. These policies also mandate the consideration of sexual harassment in determining whether to hire or promote.

MDOC policy D2-2.2 Background Investigations further addresses background checks. This policy explicitly outlines all elements required for background investigations of all staff members (which is defined to include permanent, part-time, temporary, hourly, per diem employees and contractors, volunteers, and student interns). Part of this extensive background investigation is a criminal records check by running a query through the Missouri Uniform Law Enforcement System (MULES) and the National Criminal Information Center (NCIC) system. It also specifies, for promotions and other appointments, that “a check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for sustained allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is promoted or considered for other appointments.”

Both agency and facility policy (D1-8.13 and D2-2.2) as well as the employment application assert that material omissions are grounds for termination and address the contacting of previous institutional employers. MDOC Department Procedure Manual D2-11.14 Annual Employment Requirements, asserts that criminal history checks are conducted annually, congruent to the employee’s birth month.

Auditors ascertained, regarding the release of information about former employee misconduct, that the agency is able to provide such information if the former employee were to be charged with offender sexual abuse (as it would be a public record). They would be prohibited in providing information on sustained administrative cases, however, unless they had obtained the written consent of the former employee.

During the reporting period, WMCC had 113 new hire employees; all of which had background checks and enlisted the services of 455 contractors. Auditors randomly pulled employee files; each contained records of background checks and the auditor was also provided the compilation of contractor background checks to review as well. Documentation of promoted employees also contained internal inquiries regarding misconduct involving sexual abuse or sexual harassment.

Based on background checks being done annually and the comprehensive nature of the background investigations and policy thereof, in addition to the demonstration of practice, WMCC exceeds this standard.

**115.18 UPGRADES TO FACILITIES AND TECHNOLOGY**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Though, there were no substantial expansions or modifications at WMCC, the warden noted several adjustments that had been implemented in an effort to increase sexual safety and offender privacy; i.e. increased lighting, additional cameras, wooden privacy barriers.

As of early July 2014, relevant PREA standards were added to the Design Info Packet, used for modification or expansion projects. Auditors were provided email communication as evidence of this change in practice.

In addition, agency procedure D4-4.8 Security Camera Operations contains the language of 115.18(b).

**115.21 EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

WMCC conducts their own criminal and administrative investigations. MO DOC Procedure D1-8.8 Evidence Collection, Accountability and Disposal extensively outlines the agency's uniform evidence protocol, which appears to be substantially congruent with "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents." Interviews of investigative staff as well as random and specialized staff indicated the application of this protocol. Knowledge of evidence collection and securing the crime scene was consistent.

All forensic exams are conducted off site by SANE's and agency policy D1-8.13, Section G. Health Services Care, delineates the protocol thereof. During the reporting period, nine (9) offenders were sent for forensic exams and all were conducted by SANE's. A victim advocate is offered at the hospital, to accompany an offender through the exam process. This protocol asserts that a WMCC QMHP (Qualified Mental Health Professional) will assess a victim within 2 hours of receiving notification (or within 2 hours of the offender returning from a SANE). It was reported that the local community-based organization has very limited resources to offer, though, it is recommended that WMCC continue to attempt to obtain services from the community-based organization. While on-site, auditors learned that WMCC

has designated the position of chaplain as a victim advocate and acquired off site advocacy training. Interview of the chaplain indicated the application of the training received and of examples of services that had been provided to offenders.

**115.22 POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency does ensure that an investigation is completed for all allegations of sexual abuse or sexual harassment and is mandated by agency policy D1-8.13 and facility policy SOP D1-8.13. Administrative investigations are conducted by Administrative Inquiry Officers while criminal investigations are conducted by the office of the inspector general. There were 72 allegations during the reporting period, which resulted in 42 administrative investigations and 30 criminal investigations. Policy requires that all sustained investigations are referred for prosecution and the PREA Coordinator has a tracking system for each referral and account of each case's status referral status.

MDOC has a PREA link on their website under "Resources." From this link, annual aggregated sexual abuse data can be viewed as well as an overview of PREA, the agency's zero-tolerance policy, third party reporting information, and other relevant resources such as the PREA Resource Center and Just Detention International.

**115.31 EMPLOYEE TRAINING**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Required training elements of 115.31(a) were reviewed by auditors in the training curriculum that has been in use during the reporting period, with the exception of 115.31(a)(9)-How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders. However, the training curriculum has already been enhanced and revised to include this missing element. During the reporting period, 113 new staff were hired; all of which received this training. MDOC policy D1-8.13 mandates initial PREA training upon hire and then refreshers every two years. In the off-year, between refreshers, policy states, "the department's training staff members shall provide current information on sexual abuse and sexual harassment policies."

In addition, if a staff member is reassigned or is transferred from a facility that houses female offenders to a facility that houses male offenders (or vice versa), agency and facility policy D1-8.13 requires that staff member to receive gender specific training as part of their orientation process.

Auditors reviewed training records of new staff members as well as those that had worked at WMCC for many years. Records of initial PREA training were found in all employee files. Refresher training is completed online and documentation was housed in the training building. Auditors reviewed those training records as well. Training acknowledgement forms were signed by the employees and indicated



that that had received and understood the training.

**115.32 VOLUNTEER AND CONTRACTOR TRAINING**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy and facility SOP D1-8.13 mandate training for volunteers and contractors, just as it does for all staff members. MDOC's definition of staff member includes volunteers and contractors. Auditors reviewed the lesson plan for "Volunteers in Corrections Training" and "Offender Work Release Procedures Training," which contains information about MDOC's zero tolerance policy as well as the definitions of sexual abuse and sexual harassment, red flags of offender-on-offender sexual abuse, and reporting requirements. Volunteers and contractors are also given a brochure which contains the information as well.

There were a total of 208 volunteers and contractors trained which breaks down as follows: 45 medical, 7 mental health, 69 volunteers (home-based), and 87 work release supervisors. Auditors reviewed signed acknowledgement forms.

**115.33 INMATE EDUCATION**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

All offenders do receive PREA education upon intake. MDOC utilizes the Speaking Up video, PREA brochures, and posters visible throughout the facility. At WMCC, 1896 offenders during the reporting period received PREA education and, of those, 1673 offenders were also provided comprehensive education within 30 days. It was reported that the 223 offenders that did not receive the comprehensive PREA education was "due to being placed in Temporary Administrative Segregation Confinement upon arrival, or due to not being able to verify by sign in logs that comprehensive education was received." It was also provided that, "Housing Unit Ten staff has implemented a log to ensure offender's received comprehensive PREA Education. A procedure has been put in place ensuring offenders being placed in Administrative Segregation receive comprehensive training within 30 days of intake."

A statewide directive from the Agency Director of Adult Institutions was issued in August 2012 to all wardens regarding the requirements of offender PREA education. A directive, specific to WMCC, was issued by the Deputy Warden/PREA Site Coordinator in August 2013 regarding all requirements of offender PREA education, to include education upon intake and within 30 days of intake. This directive for WMCC required the entire current offender population to be given the PREA brochure and to sign the offender acknowledgement form on August 8, 2013. It also iterated that the brochures would be continuously available in offender common areas.

As noted in 115.16 comments, offender education is available in a variety of formats and is accessible to offenders who are limited English proficient, deaf, visually impaired, or are otherwise disabled.

Auditors reviewed the offender PREA material and noted that pertinent information was contained therein; i.e. offenders' right to be free from sexual abuse and sexual harassment, avenues of reporting, zero tolerance policy. Auditors also reviewed samples of offender acknowledgement forms, of newer offenders as well as veteran offenders. Posters were abundantly visible in all areas of the institution and offenders reportedly consistently throughout the interviews that they understood avenues of reporting and their right to be free from sexual abuse and sexual harassment. It seemed that offenders had confidence in the reporting system and that reports are taken seriously. Policy, however, could be enhanced to include the requirement of the 30 day comprehensive education as well as requiring the PREA education upon transfer to another facility.

**115.34 SPECIALIZED TRAINING: INVESTIGATIONS**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency and facility SOP D1-8.13 mandates specialized training for all investigators and administrative inquiry officers. Designated staff members in the inspector general's office provide the training. There are 5 modules that comprise this specialized training, for a total of 36 hours of specialized training which is very extensive, addresses the effects of agency culture on sexual abuse investigations, mock crime scene investigations, panel discussion, and incorporates many external expert resources and publications.

MDOC has a total of 41 investigators; 3 of which are employed at WMCC. Auditors reviewed training records of the WMCC investigators and, in addition, the application of the training was evident in the interviews conducted.

**115.35 SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency and facility SOP D1-8.13 mandates annual specialized training for medical and mental health staff. This specialized training is four hours in length and contains the required elements of 115.35 along with relevant scenarios and group activities.

WMCC employs 45 medical staff and 7 mental health staff. All received the specialized training. Auditors reviewed training records of the WMCC medical and mental health staff members. In addition, the application and retention of the training was evident during the interviews conducted.

Forensic exams are not conducted at WMCC.

**115.41 SCREENING FOR VICTIMIZATION AND ABUSIVENESS**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Offenders are assessed for risk of victimization and abusiveness. Agency policy and facility SOP D1-8.13 specifically covers 115.41(a), (b), (f), (g), and (h). 1890 offenders that were admitted at WMCC during the reporting period and were assessed within 72 hours of arrival. 6 offenders were reportedly not assessed within 72 hours; 5 of which were due to staff error, though, they have since been completed. 1816 were re-assessed within 30 days of arrival. 80 were reportedly late due to staff error, outcount, release, or transfer and with the exception of 17 transfers/releases, all were subsequently completed.

MDOC utilizes a "PREA Risk Assessment" as a means of internal classification to keep separate those offenders who are at a high risk sexual victimization from those that are at a high risk of being sexually abusive. MDOC procedure IS5-2.3 Offender Internal Classification outlines the implementation of the risk assessment instrument and its use in internal classification. These procedures specify that, "The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines." Training, documentation, reclassification, and other aspects of implementation are detailed therein.

The instrument contains all required elements of 115.41(d) and (e) and is completed and stored electronically. Each assessment results in a computer-generated score and offender classification of Alpha, Kappa, or Sigma which is considered when housing, bed, program, education, and work assignments are made. Auditors were provided a breakdown of the WMCC offender population, by internal classification type. MDOC utilizes a coding system, assigning a letter to each of the classification types, as a measure of implementing controls on this information.

It was estimated that currently about 90% of the offender population had been classified as Kappa, which designates an offender as neither vulnerable nor aggressive. Auditors were informed that an enhancement to the risk screening instrument was recently implemented and is anticipated that this enhancement is likely to result in an increase in the number of offenders designated as vulnerable and aggressive.

Interviews of specialized staff indicated that the PREA Risk Assessment information and its purpose was well known and applied throughout facility operations.

**115.42 USE OF SCREENING INFORMATION**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The use of screening information was evident to auditors throughout review of documentation and from interviews and conversations with staff. The use of the screening information is also guided by the MDOC procedure IS18-1.1 Required Activities, which in part states, "Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending

programming together in accordance with institutional services procedures regarding offender internal classification.” Work supervisors are provided screening information to ensure the appropriate offender supervision and specific internal classification types are designated for each housing unit.

WMCC reported that have had no transgender offenders to date. MDOC has, however, created a Transgender/Intersex Committee that is charged with making the housing decisions of transgender or intersex offenders, which, “shall not be made based solely on genitalia but must consider the offender’s health and safety and the security of the facility.” Though, there were no instances of this process being applied, a template Transgender Committee Memorandum was created and disbursed to all facilities as a means to document the process, when it occurs. MDOC procedure IS5-3.1 Offender Housing Assignments asserts that, as part of the duties of a facility’s Transgender Committee, that it “will review the housing assignments every 6 (six) months” and that transgender or intersex offenders will be given the opportunity to shower separately in accordance with a facility’s SOP.

It was noted by auditors that many of the identified gay offenders at WMCC were housed in the same housing unit and during offender interviews it was noted by an offender “that’s the unit you go to if you’re gay.” Upon inquiry auditors were informed that there is no designated unit for gay offenders, however, the gay offenders that were housed in that unit were there due to risk assessment factors according to the housing plan and use of the screening information, like all other offenders.

<b>115.43</b>	<b>PROTECTIVE CUSTODY</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)   |
| <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) |
| <input type="checkbox"/> Does Not Meet Standard (requires corrective action)  |

<b>Auditor comments, including corrective actions needed if does not meet standard</b>
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Agency policy and facility SOP D1-8.13 asserts that, “Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety.” An assessment for least restrictive housing is mandated within 24 hours and least restrictive housing options are listed.
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The pre-audit documentation review indicated there were zero (0) offenders placed in involuntary segregated housing, for any length of time, due to being at high risk for sexual victimization. However, auditors noted while on site that while offenders did not appear to be involuntarily placed in segregated housing as a result of the risk assessment, it did appear and was reported that offenders (potential victims or otherwise) are sometimes placed in segregated housing pending investigation. Several offenders reported that to be the norm. With a more in-depth review of investigations and further inquiry, auditors found that the majority of instances were reports generated from offenders already housed in segregation, thus, they remained in segregation. Beyond those cases, there were instances where the segregation was voluntary. Some of the instances were that of involuntary segregation that offered some documentation of justification, though, auditors felt it could be stronger. Specifically, the MDOC PREA Event Checklist does document the “recommended housing placement” and if segregated housing is used there is a space to note the reason no alternative housing was considered. It is the auditors recommendation that this documentation be strengthened; to elaborate further as to 1) the basis for the facility’s concern for the offender’s safety, and 2) the reason no alternative housing was arranged as well as opportunities that have been limited, the duration of the limitation, and the reasons for such limitations pursuant to 115.43(b).
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WMCC has made great progress in advancing its culture to reflect the intentions of the PREA standards. While maintaining safety and security of offenders is paramount, WMCC should continue to perpetuate further change in their offender reporting culture by enhancing efforts in considering least restrictive housing to potential victims.

**115.51 INMATE REPORTING**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The agency and facility provides multiple avenues of offender reporting: verbally or in writing to staff; crime tips hotline, PREA hotline, via the grievance process, or to the Department of Public Safety. The hotline calls can be made anonymously, in which an audio message is recorded and conveyed to the investigative unit. As an avenue of reporting to a public or private entity that is not part of the agency, offenders can write to the Department of Public Safety and are provided that information and address in the offender PREA brochure.

Offenders reported that they were comfortable in reporting to staff and there were no indications during interviews that offenders were reporting and not being responded to. Staff reported that they accept reports from offenders in writing and from third parties, and that they would treat any reports in the same manner and according to the coordinated response protocol.

Offenders are not detained at WMCC for civil immigration purposes.

Staff can report privately in a number of ways, to include calling the Crime Tips hotline, Staff Tips hotline, Department of Public Safety, or to administration.

Auditors reviewed an MOU between MDOC and the Department of Public Safety in which responsibilities of each entity was outlined in the event that an allegation of sexual abuse or sexual harassment is received. The entities have established a Sharepoint application as a mutually accessible access point for each to share and refer allegations. This was established in July 2013.

**115.52 EXHAUSTION OF ADMINISTRATIVE REMEDIES**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

WMCC is not exempt from this standard, as they do have administrative procedures to address offender grievances. Agency policy and facility SOP D1-8.13 specify that there is no limit imposed on offender sexual abuse grievances, that they can be submitted to a staff member who is not the subject of the grievance, and that there is no informal resolution required.

Regarding 115.52(f) and (g), policy D5-3.2 language which further specifies the IRR/grievance process is pending and the agency is implementing practice through a directive issued in January 2014 by the

MDOC Director of the Division of Adult Institutions, enacting a revised grievance flow chart.

Auditors found some contradiction to the policy language and the IRR/grievance material given to offenders and feel compelled to make recommendations to clarify the requirements of 115.52.

- Initial confusion was created by the term “informal resolution request,” when requiring informal resolution is contradictory to 115.52. However, policy language does provide that offenders are not required to submit an IRR for sexual abuse grievances. Whether staff and offenders are aware of that, is unclear.
- While policy language exists in draft policy D5-3.2 regarding emergency sexual abuse grievances; that information is not echoed in the R&O Packet which is provided to offenders upon intake nor is it provided to offenders in any other forum. Thus, offenders may not be aware of their right to file an emergency grievance alleging imminent sexual abuse. The PREA grievance information exhibited on the offender TV also does not address emergency grievances. Auditors recommend that this be strengthened.
- The revised flow chart, alluded to in the Division Director’s directive and in the PREA Grievance Training, does not adequately address staff responsibility relative to emergency grievances or what constitutes an emergency grievance. It also asserts a requirement of a 15 day period to file, which contradicts agency policy and 115.52(b)(1).
- It is likely to be confusing for a reader to differentiate, or be alerted to the proper application of, agency policy D5-3.2 section “F. Emergency Informal Resolution Requests” as opposed to section “O. PREA-Emergency Informal Resolution Requests” or section “K. Informal Resolution Request Process” as opposed to section “N. PREA-Informal Resolution Request,” for example. Moreover, when time limits are imposed or are not imposed is very sporadic throughout the policy and is likely to be difficult to implement in practice.

There were 5 sexual abuse grievances filed during the reporting period; one of which did not reach a final decision within 90 days and one still pending. These are logged on a spreadsheet tracking the date of receipt and completion, extension (if applicable), etc. There were no emergency sexual abuse grievances reported by WMCC.

<b>115.53</b>	<b>INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES AND LEGAL REPRESENTATION</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)   |
| <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) |
| <input type="checkbox"/> Does Not Meet Standard (requires corrective action)  |

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 addresses compliance with Standard 115.53

WMCC provides offenders with access to outside victim advocates by providing addresses and telephone numbers to; Just Detention International and the Rape, Abuse and Incest National Network (RAINN). Offenders are able to call RAINN and write JDI. The information is provided to offenders via printed materials posted throughout the facility. The information provided to offenders includes a notice that mail may be subject to examination and phone calls are subject to monitoring. Most offenders interviewed seemed to be aware of their access to these services.

WMCC has an established memorandum of agreement with the YWCA St. Joseph to provide community



based victim advocacy services to WMCC offenders.	
<b>115.54</b>	<b>THIRD-PARTY REPORTING</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>WMCC provides a grievance procedure "Offender Complaint to Staff Member", PREA Crisis hotline, accepts verbal/written reports from family and accepts reports from the advocacy agency. WMCC also has a website which publishes information on how and who to report via third-party for incidents of sexual abuse or sexual harassment. The link to the website is provided below.</p> <p><a href="http://doc.mo.gov/OD/PREA.php">http://doc.mo.gov/OD/PREA.php</a>.</p>	
<b>115.61</b>	<b>STAFF AND AGENCY REPORTING DUTIES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency policy D1-8.13 outlines compliance with Standard 115.61.</p> <p>The agency requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. The policy further requires the same for any incident of retaliation involving a staff member or offender.</p> <p>The policy dictates no staff shall reveal any information related to a sexual abuse report to anyone other than to the extent necessary.</p> <p>The policy dictates medical and mental health shall be required to report and inform the offender of their duty to report at the initiation of services and advise the offender of limitations of confidentiality.</p> <p>The policy dictates an administrative and/or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.</p> <p>Staff members interviewed were able to articulate their duties and responsibilities subsequent to a report of sexual abuse or harassment.</p>	
<b>115.62</b>	<b>AGENCY PROTECTION DUTIES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency policy D1-8.13 outlines compliance with Standard 115.62.</p>	

All staff interviewed, as well as the Agency Head and Warden, reported they would take immediate action if they learned an offender was subject to a substantial risk of imminent sexual abuse. For this audit period WMCC reported no instances of substantial risk of imminent sexual abuse to any offender.

WMCC also maintains a directive for segregated housing for protective custody that outlines procedures for offenders identified as high risk for victimization.

#### **115.63 REPORTING TO OTHER CONFINEMENT FACILITIES**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

#### **Auditor comments, including corrective actions needed if does not meet standard**

During the reporting period, WMCC reported 11 allegations of an offender being abused at another facility. WMCC also reported the number of allegations WMCC received from other facilities as 3.

There was not a policy or policy statement that dictated the requirement of notifications between facilities being made within 72 hours. WMCC provided documentation of 2 allegations made by an offender who reported being sexually abused at another facility. The documentation indicated notification was made to the other facility by WMCC staff and appeared to be within the 72 hour time frame.

#### **115.64 STAFF FIRST RESPONDER DUTIES**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D 1 8.13 dictates compliance with Standard 115.64

WMCC also has a coordinated response protocol which outlines duties of first responders which includes; separating the alleged victim, preserving and protecting the crime scene and taking measures in regards to the victim to preserve physical evidence.

Staff members interviewed were able to articulate coordinated response measures dictated by policy and training.

#### **115.65 COORDINATED RESPONSE**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

#### **Auditor comments, including corrective actions needed if does not meet standard**

The WMCC "Coordinated Response to Offender Sexual Abuse" is the facility's written institutional plan of coordinated actions in the case of offender sexual abuse. This plan accounts for coordination among staff first responders, medical and mental health staff, investigators, and facility leadership which

contains very detailed direction distinguishing the duties of each staff member. The “Coordinated Response to Offender Sexual Abuse” is a five-page handout that outlines immediate response on the floor for first responders, supervisors, medical, mental health, investigators, PCM, and PREA Coordinator. The PREA training lesson plan also clearly outlines these actions, to be taken by staff in the event of sexual abuse of an offender.

<b>115.66</b>	<b>PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)<br><input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)<br><input type="checkbox"/> Does Not Meet Standard (requires corrective action) |
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**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D2-11.6 Labor Organizations dictates compliance with Standard 115.66.

The policy clearly outlines WMCC will not enter into any collective bargaining agreement that limits the ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

WMCC did provide the agreement between The Department of Corrections State of Missouri and The Missouri Corrections Officers Association (MOCOA). The agreement was originally effective February 1, 2007 through January 31, 2011. The agreement was extended through August 31, 2011.

Additional documentation provided by WMCC denotes the labor agreement was extended additionally from March 1, 2013 until the earlier of either the date that a new labor agreement is reached or February 28, 2014.

<b>115.67</b>	<b>AGENCY PROTECTION AGAINST RETALIATION</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)<br><input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)<br><input type="checkbox"/> Does Not Meet Standard (requires corrective action) |
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**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 contains the elements of Standard 115.67.

The policy states the PREA Site Coordinator is responsible for monitoring retaliation.

The policy dictates multiple measures shall be employed as means of protection for staff and offenders who fear retaliation for reporting an incident of sexual abuse or sexual harassment.

The policy dictates monitoring shall occur for a minimum of 90 days. The policy also dictates monitoring would continue for an additional 90 days or until the victim or the reporter are no longer in fear of retaliation or the investigational inquiry disposition was unfounded.

The items monitored are those listed in the elements of this standard. WMCC utilizes an Assessment/Retaliation checklist to document monitoring efforts.

The policy dictates periodic status checks are completed every 30 days.

The policy dictates any individual who cooperates with an investigation and expresses fear of retaliation, the facility will take appropriate measures to protect the individual from retaliation.

The policy dictates monitoring will conclude when it is determined the allegation is unfounded.

WMCC provided documented examples of monitoring incidents.

<b>115.68</b>	<b>POST-ALLEGATION PROTECTIVE CUSTODY</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)   |
| <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) |
| <input type="checkbox"/> Does Not Meet Standard (requires corrective action)  |

<b>Auditor comments, including corrective actions needed if does not meet standard</b>
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Agency policy D1-8.13 addresses compliance with Standard 115.68.

The policy dictates offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made.

The policy dictates the facility shall review the offender's status every 30 days to determine the need for continued segregation.

The policy does not address or provide for what privileges, access to programs and work opportunities are available to offenders placed in involuntary segregation or if it is documented what access has been limited, the duration of any limitation, or the reason(s) they are limited.

WMCC provided a directive which indicates that work and programming assignments that the victim was participating in and is unable to attend due to administrative segregation assignment will be reviewed and documented by a segregation review committee.

Auditors reviewed investigation reports and documentation noting WMCC considers alternatives to involuntary segregation in accordance with standard 115.43. As stated in the comments of 115.43, WMCC should continue to perpetuate further change in their offender reporting culture by enhancing efforts in considering least restrictive housing to potential victims.

<b>115.71</b>	<b>CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)   |
| <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) |
| <input type="checkbox"/> Does Not Meet Standard (requires corrective action)  |

<b>Auditor comments, including corrective actions needed if does not meet standard</b>
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Agency policy D 1-8.1 and D 1-8.4 dictate compliance with Standard 115.71.

WMCC's investigation division is under the jurisdiction of the Inspector General's office. WMCC investigators maintain specialized training in sexual abuse investigations. Investigators conduct administrative and criminal investigations.



Investigators are trained to collect and preserve evidence, interviewing, report writing and continuing an investigation to prosecution when warranted. Investigation reports are well documented and are maintained by the agency. Both policy and practice supported that all sustained cases were referred for prosecution. The PREA Coordinator has a tracking system which accounts for each referral and the status thereof.

WMCC provided investigations for pre-audit review as supporting documentation. Auditors were also able to review investigation files on-site.

The agency investigator interviewed was able to articulate elements of this standard and provided elements of agency training and investigations protocol.

<b>115.72</b>	<b>EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)<br><input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)<br><input type="checkbox"/> Does Not Meet Standard (requires corrective action) |
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**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates facility does not employ a standard higher than a preponderance of evidence as proof in determining whether allegations of sexual abuse or sexual harassment are substantiated (or "sustained"). Review of the investigations supported this as practice.

<b>115.73</b>	<b>REPORTING TO INMATES</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)<br><input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)<br><input type="checkbox"/> Does Not Meet Standard (requires corrective action) |
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**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates facility compliance with Standard 115.73.

The policy dictates, upon the conclusion of an investigation, the facility informs the offender whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.73(b) is not applicable to this audit.

The policy dictates that following an allegation involving staff-on-offender sexual abuse, (unless determined to be unfounded) the facility informs the offender when; the staff member is no longer posted within the offender's living unit, the staff member is no longer employed at the facility, the agency learns the staff member has been indicted on a charge related to sexual abuse, or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Coordinator is charged with providing this offender notification.

The policy dictates that, following an offender's allegation he/she has been abused by another offender, the facility informs the alleged victim when; the agency has learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or the agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Coordinator is charged with providing this offender notification.

The policy dictates the notifications shall be done in writing.

WMCC provided examples of documented notifications for auditor review.

<b>115.76</b>	<b>DISCIPLINARY SANCTIONS FOR STAFF</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)   |
| <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) |
| <input type="checkbox"/> Does Not Meet Standard (requires corrective action)  |

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 and Policy D2-11.10 dictate compliance with Standard 115.76.

The policy dictates staff are subject to disciplinary sanctions up to and including termination for violations of agency sexual abuse or sexual harassment policies.

The policy dictates termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Policy D2-11.10 Staff Member Conduct addresses incidents of staff misconduct of a sexual nature but excludes sexual abuse.

Policy D1-8.13 L dictates terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Review of investigations indicated that staff are disciplined for violating the agency sexual abuse and sexual harassment policy. WMCC reported there were no incidents to report to relevant licensing bodies during this audit period.

<b>115.77</b>	<b>CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)   |
| <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) |
| <input type="checkbox"/> Does Not Meet Standard (requires corrective action)  |

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates compliance with Standard 115.77.

The policy dictates contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement and relevant licensing bodies.

The policy further dictates the facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in cases of any other violations.

Policy D2-13.1 Volunteers addresses conduct pertinent to volunteers and dictates any allegation of sexual abuse or sexual harassment will be referred for investigation.

WMCC reported there were no incidents involving a contractor or volunteer to report to law enforcement or relevant licensing body during this audit period.

**115.78 DISCIPLINARY SANCTIONS FOR INMATES**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates compliance with Standard 115.78.

The policy dictates offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding the offender engaged in offender-on-offender sexual abuse.

The policy dictates sanctions shall be commensurate with the nature of and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

The policy dictates an offender's mental disability or mental illness contributed to his behavior when determining sanction(s). WMCC provided documentation of the hearing review form where an offender's mental status is accounted for.

The policy dictates if found guilty, the offender shall be referred for appropriate treatment to include therapy or counseling by mental health staff.

The policy dictates an offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent.

WMCC sustained one administrative case for offender-on-offender sexual abuse during this audit period. WMCC sustained 2 criminal cases for offender -on- offender sexual abuse during this audit period.

**115.81 MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy IS11-32 Receiving Intake Unit and D1-8.13 Offender Sexual Abuse and Harassment address compliance with Standard 115.81.

Both policies dictate that if an offender discloses victimization or perpetration of sexual abuse whether it occurred in an institutional setting or in the community, staff are to offer a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Adult Internal Risk Assessment (PREA screening) documents whether a mental health referral was accepted or declined and, if accepted, prompts staff to complete the mental health referral.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments or as otherwise required by state or local law.

Both policies dictate medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

WMCC also provided medical and mental health PREA event logs and offender confinement records as supporting documentation for this standard.

<b>115.82</b>	<b>ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES</b>
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)<br><input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)<br><input type="checkbox"/> Does Not Meet Standard (requires corrective action) |
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**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 addresses compliance with Standard 115.82.

The policy dictates that offenders shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The scope of such services is to be determined by medical and mental health practitioners according to professional judgment. Documentation and specialized staff interviews supported this as practice.

The policy denotes:

*If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 72 hours within a correctional facility or 92 hours within a community confinement facility, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.*

The policy dictates that offender victims of sexual abuse while incarcerated shall be offered timely information about and time access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

The policy dictates services will be provided to the victim without financial cost whether the victim names the abuser or cooperates with the investigation.

WMCC utilizes CORIZON as the medical provider and provided Part 2.4 of the contractual agreement between WMCC and CORIZON as supporting documentation denoting CORIZON's obligation to provide medical and mental health services to WMCC offenders in compliance with the PREA Standards.

The same contractual agreement denotes in the Offsite Hospital Care section, CORIZON will be responsible for and will arrange timely payment for all hospital care and related health care expenses.

<b>115.83</b>	<b>ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND</b>
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	<b>ABUSERS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency policy D1-8.13 dictates compliance with Standard 115.83.</p> <p>WMCC offers medical and mental health evaluations and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>The policy dictates follow-up services shall be provided and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.</p> <p>The policy and practice indicates that WMCC provides services consistent with the community level of care.</p> <p>The policy dictates victims of sexual abuse shall be offered prophylaxis for sexually transmitted infections, which was also supported in an offender (who had reported sexual abuse) interview.</p> <p>115.83(d), (e), do not apply as WMCC is an all-male facility.</p> <p>The policy dictates treatment services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation.</p> <p>The policy dictates an offender perpetrator of sexual abuse shall receive mental health evaluation by a qualified mental health practitioner within 60 days of learning of such abuse.</p>	
<b>115.86</b>	<b>SEXUAL ABUSE INCIDENT REVIEWS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency policy D1-8.13 (section H. 5) addresses compliance with Standard 115.86.</p> <p>The policy dictates WMCC shall conduct a sexual abuse incident review, or “debriefings,” at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation was determined to be unfounded. It is documented on the PREA sexual abuse debriefing form and submitted to the PREA Coordinator, Chief Administrative Officer, and assistant division director.</p> <p>The policy dictates such reviews shall be held within 30 days of a formal investigation, that the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, and that facilities shall implement the recommendations for improvement or document its reasons for not doing so.</p>	

WMCC provided as supporting documentation a sample review which documented all elements of Standard 115.86(d) 1-6. Auditors also noted, during interviews, that various specialized staff and administration alluded to the debriefings and of incorporating recommendations thereof.

**115.87 DATA COLLECTION**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 addresses compliance with Standard 115.87.

The policy describes the collection of uniform data by the PREA Coordinator. Data is collected and reported on BJS Survey of Sexual Violence in addition to maintaining data in the information network (COIN) system. Policy and practice indicated that data is collected annually, at a minimum.

WMCC provided documentation of monthly incident based data and the annual report by facility for 2013.

**115.88 DATA REVIEW FOR CORRECTIVE ACTION**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates compliance with Standard 115.88.

The policy outlines the PREA Coordinator's responsibilities in collecting and aggregating data and preparing an annual report, pursuant to 115.88. Data was available and was reviewed by auditors on the agency's website.

Data is collected and used to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Problem areas are identified and corrective actions are noted on an ongoing basis. The agency prepares an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The report(s) compares data from previous years along with corrective actions and denotes the agency's progress in addressing sexual abuse.

The reports are submitted and approved by the agency head, the PREA Coordinator, and are provided on the agency's website. The website was reviewed by auditors and was found to be compliant with element(s) of this standard.

The agency redacts specific material from reports when publication would present a clear and specific threat to the safety and security of a facility. The agency indicates the nature of the material redacted.

WMCC provided the WMCC PREA yearly report for 2013 and the Missouri Department of Corrections yearly PREA report for 2013 as supporting documentation.

**115.89 DATA STORAGE, PUBLICATION, AND DESTRUCTION**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 and practice assert that data is securely retained. Data is available via website and can be viewed by the public. Personal information is redacted.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of agency under review.



10/23/14

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Auditor Signature-Talia Labouchardiere

\_\_\_\_\_  
Date



10/23/14

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Auditor Signature-Mark Mora

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Date